

Request for Channel Time



Department/agency requesting channel time

Contact person

Phone number and e-mail address

Address

City

Zip code

Program title

Program length

Media (DVD, DVCam)

Preferred start/end date

Preferred time

Program description

- ☐ I have read, understand and agree to abide by the City of Carlsbad channel guidelines. I also can provide proof of copyright, intellectual rights and other applicable waivers for the above programming.

Signature

Date

Additional Notes: _____

For city use only

Notes:

Date received: _____

Date of decision: _____

Date scheduled: _____

Time required: _____ (1/2 hr. minimum)

Fee: _____ (see attached worksheet)

By: _____